G Hudson & S Dobb

Milford House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Milford House provides accommodation for up to 65 older people, some who are living with dementia, who require personal or nursing care. There were 51 people using the service at the time of our inspection.

This inspection took place on 16 and 17 November 2016. The first day was unannounced.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's records were not completed consistently so the care being provided was not always as indicated in the records. This meant there was the potential for unsafe care. The records had not always been updated to reflect changes in people's care needs.

Systems to ensure the service ran safely were not always following relevant guidance. Some maintenance checks were not being undertaken as scheduled and others had not been renewed as indicated on the records.

Medicines were managed safely. People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure.

There were sufficient staff to meet people's needs and recruitment practices were satisfactory.

Consent to care and support had been sought and staff acted in accordance with people's wishes. Legal requirements under the Mental Capacity Act and Deprivation if Liberty Safeguards had been followed consistently where people were potentially being restricted. People told us they enjoyed their food and we saw meals were nutritious. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People and their relatives told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. Relatives were involved in the planning of their care and support. There was a range of activities and events available to enable people to take part in hobbies and interests of their choice. There was a clear procedure for the management of complaints.

The leadership of the service was praised by external professionals and relatives and communication systems were effective. The provider had obtained feedback about the quality of the service from people, their relatives and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Safety guidance was not always followed consistently to ensure the service operated in a safe manner. Staff were deployed effectively to ensure people were assisted in a timely manner. Medicines were managed safely. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable staff were employed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Conflicting information in care records did not ensure people were always cared for effectively. The provider had established people's capacity to make decisions and ensured they had given their consent to their care. Staff had received training to provide them with the knowledge to meet people's individual needs. People had access to other health care professionals when required. People had access to sufficient food and drink of their choice.

Is the service caring?

Good

The service was caring.

Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff.

Is the service responsive?

Good

The service was responsive.

People received a personalised service and the provider responded to changes in people's needs in a timely manner. People had opportunities to contribute their views, were included in discussion about the service and knew how to make a complaint or suggestion.

Is the service well-led?

Good

The service was well-led.

There was a registered manager at the service. Systems in place to monitor the quality of the service were effective. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities.

Milford House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 November 2016. The inspection team was comprised of one inspector, two specialist advisors, (one in nursing and one in health and safety) and an expert by experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, notifications of serious injuries or allegations of abuse.

We spoke with the local authority and health commissioning teams and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

We spoke with thirteen people using the service and five relatives during the visit. We looked at six people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and recruitment records.

We spoke with the registered manager, quality manager and five staff. We also spoke with three health and social care professionals during the visit and a further five by telephone following our visit.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People were not consistently protected from the risk of avoidable harm. We found the environment was free from hazards and people were able to move about safely. However, records we saw did not indicate that remedial action had been taken in response to the fixed electrical wiring certification report and no indication that a retest required by August 2016 had taken place.

We found some equipment had not been maintained as indicated in relevant guidance; for example, the records seen indicated the fire risk assessment was due for review at the beginning of November 2016 but there was no record demonstrating that this had occurred. The provider sent information following the inspection showing that an external consultant had been appointed to look at the fire risk assessment. The evidence provided from the company who carried out the fire risk assessment and the specific fire risk assessment related to November and December 2015, rather than the time of the inspection.

We also brought to the attention of the registered manager that some designated fire exits located in people's bedrooms were obstructed. We received evidence that an inspection was carried out by Derbyshire Fire and Rescue Service took place two months following the inspection by the Care Quality Commission (CQC) and was therefore not available at the time of the inspection. The registered manager told us neither Derbyshire Fire Service nor their external Fire Safety specialist and advisor, had raised any concerns about this. However, we did not see any record that showed simulated fire evacuations had taken place. This meant potential obstructions had not been identified should an evacuation be required.

The registered manager and quality manager told us they were not aware that checks were required for pressure relieving mattresses and cushions, as indicated by relevant guidance. However, it is good practice to appoint a person to receive alerts to potential hazards, assess them and then take remedial action as required. We also found the service had deemed five bed rails were not meeting guidelines regarding their height. There was no information available on the day to show what remedial action had been taken. Risk assessments for bed rails supplied following the inspection visit showed that four of the five supplied had not provided details of measurement as indicated on the document. The risk had therefore not been fully assessed. We also found the member of staff concerned was unsure of the location of emergency equipment bag as it had been removed from its usual location. When the suction machine was located, the tube was dirty from previous use. This meant the provider was not ensuring the premises and equipment were consistently safe for people living there and visitors.

People told us they felt safe. One person said, "I feel safe," and another said, "I could take risks, but if they saw me they would stop me."

Relatives we spoke with confirmed their family member felt safe when being supported. One relative told us, "Can't fault it here, she's safe here, no qualms about it," and another said of their family member, "She is safe here." External health professionals confirmed people were cared for safely. One told us they had not had any concerns about people's welfare.

Our observation confirmed people were supported safely when care was provided, for example, when moving around the building or when displaying behaviour that could potentially cause harm to themselves others. We saw staff acted promptly and considerately and in keeping with the wishes and the needs of people when they were distressed. We found the atmosphere was calm and relaxed.

Staff understood people's safety needs and we observed that they supported people safely when they provided care. For example, when they supported people with their medicines, to mobilise and eat and drink. Where people were assisted to move we saw any potential hazards were removed first and equipment was used safely.

People's care plan records showed that risks to their safety associated with their health needs were assessed before they received care and regularly reviewed. Risk assessments covered health and safety areas, for example, for pressure ulcer prevention and prevention of falls. We found there was clear guidance on how to safely support people in the records we looked at, for example, equipment used to support people's mobility needs. This helped to make sure that people received safe care and support.

Following the inspection, the provider told us about a tool they used to record and analyse all accidents, incidents and near misses. They advised us, the tool assists in the prevention of future accidents, incidents and near misses, by identifying trends or changes in care needs.

Staff understood the procedures in to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any alleged or suspected abuse occurring. They knew which external agencies to contact if they felt the matter was not being referred to the relevant authority. Records we saw and information we received prior to the inspection visit confirmed the provider made the necessary referrals, as required. The provider was taking appropriate steps to safeguard people from the risk of harm and abuse.

Staff told us they were confident to report any concerns they may have about people's care because they were aware of the provider's whistle-blowing policy. This helped to ensure any suspicions of abuse were reported and people were protected from unsafe care.

People had varied opinions about whether there were enough staff. Two people told us, "Could do with more carers," another said, "Not enough staff, 5 in the morning, 4 in the afternoon" and another said, "I don't think you should feel rushed, especially at night when I'm going to bed." However, another person said staff, "Don't seem to be 'overbusy' – can't expect everything at the drop of a hat," and another told us, "I think there are ample staff, could always do with more, if I really needed help they would come."

Relatives told us staff were usually available at the times people needed them. A relative said, "Weekdays there are enough staff but weekends may not be so many around," and another said, "Enough staff, they're always on the go." Our observation confirmed there were mostly enough staff to meet people's care and support needs in a safe and consistent manner. There were always staff available in communal areas and they responded to requests for assistance in a timely way.

All the staff we spoke with told us staffing numbers were adequate to meet people's needs. They told us that rotas were planned to provide sufficient number and skill mix of staff and that staffing arrangements were sufficient for them to perform their role and responsibilities.

External health professionals also confirmed there were sufficient staff available to meet people's needs.

One said, "There appear to be enough staff."

We looked at rotas for the period 31 October – 16 November 2016. This showed us there were nine or ten support staff available during the morning and afternoon shifts. This included senior care staff. There were two nurses on duty each shift. We saw the number of staff available during the inspection was consistent with the rota seen. Where any absences were identified, the rota showed that cover was obtained from within the existing staff group, where possible. The provider ensured there were sufficient staff available to work flexibly so people were safe.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. People were cared for by staff who were suitable for the role.

People's medicines were safely managed and given to people in a way that met with recognised national practice standards. People told us they received their medicines when needed. Staff were able to explain the procedures for managing medicines and we found these were followed; for example, staff knew what to do if an error was made.

Staff approached people discreetly when they needed to consulted with them about their medicines. For example, we saw that staff checked whether people needed their pain relief medicines before they gave them. People were offered a drink of water with their medicines and staff responsible checked with each person to make sure they had taken their medicine before they recorded it had been given. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded. This meant people received their medicines according to the prescriber's instructions.

Staff responsible for people's medicines received appropriate training, which was updated when required. This included an assessment of their competency to administer people's medicines safely. Medicines were stored securely at the correct temperatures to ensure they were safe to use.

Requires Improvement

Is the service effective?

Our findings

People's care records were not always clear about the care required. Two people's care plans had conflicting information, which meant it would be difficult for any new staff to understand what they were expected to do. For example, one person's record stated they needed to be repositioned to help prevent pressure ulcers. In one part of the care plan it stated two hourly repositioning and in another four hourly. Repositioning charts showed that there were gaps between repositions that were in excess of four hours. We discussed this with the lead nurse who was not aware of the discrepancy. They told us the person was able to turn themselves and said they would amend the care plan to reflect this. On another person's record, we found there was conflicting information about a person's weight. One entry stated there had been a weight loss but reviews of the person's care for the same period stated there had been a weight gain. On one person's records we saw incidents of behaviour that challenges were recorded. The care plan gave details about how staff should manage this person's care but the incidents had not been collated to monitor trends, any triggers or effective de-escalation techniques to prevent further incidents. There was some inconsistency in the reviews of care records. For example, we saw one person's care plan for prevention of pressure ulcers was not dated or signed so it was unclear if it was up to date. For example, we saw one person's care plan for prevention of pressure ulcers was not dated or signed so it was unclear if it was up to date. This meant we could not be sure that people were always cared for effectively and received the care as detailed in their records.

We saw there was insufficient signage for people to locate communal areas and bathrooms and toilets. This had the potential to adversely impact on people living with dementia.

Relatives told us people saw a doctor or nurse when required and confirmed that people's health needs were met. One told us, "The mental health team came in here to see [family member]." Another told us they were pleased about the way their relative's health care needs were met and said, "[Family member] has been very poorly, they've looked after her."

People were supported to access external health professionals when they needed to the purposes of routine health; for example, for eye and foot care. Health care professionals we spoke with confirmed their advice was sought and acted on. A health professional we spoke with told us the service highlighted any issues appropriately and that they always ensured the correct equipment and products were available for the right person. They also told us staff, including the manager, did what was requested to ensure a person's needs were met. For example, they were proactive in managing health needs associated with older people such as continence needs. This ensured people had access to relevant health professionals to ensure medical needs were met.

People told us they were confident that staff were able to meet their needs. One told us, "The staff know what they're doing," and another said, "Some are competent, some you look forward to seeing."

Relatives told us they were pleased with the way staff looked after their family members. One told us, "The carers are lovely" and another said, "The carers are very good, I rate them quite highly, I would come in here

quite happily."

Staff had the necessary skills and knowledge to support people. New members of staff confirmed they received sufficient guidance at the start of their employment through the provider's induction programme. Records confirmed an induction programme was completed at the start of employment. Staff we spoke with demonstrated a thorough and detailed knowledge of people's individual needs, preferences and choices.

Staff we spoke with confirmed they had regular training, supervision and support to carry out their duties and were supported to attend training relevant to people's individual care needs. Staff spoke positively of the arrangements for their training and support. For example, one staff member said, "It's thorough, I can't fault anything," and written feedback we saw on a staff survey said, "The home gives good training."

Training records showed staff were up to date with health and safety training as well as training for specific needs, such as dementia, and they identified which staff needed refresher training. This meant staff were able to provide effective care based on the support and training they received.

Staff told us they received supervision and found this useful. Supervision is a supportive meeting held with a senior staff member and an individual to discuss their work performance, training and development to help maintain care standards. Staff said they felt supported and appreciated. One staff member said, "We can bring up anything."

External social care professionals told us staff had a good understanding of dementia and worked well with people. One said, "They seem to know people well." Another told us staff were keen to participate in training organised by specialists and sought help and guidance appropriately.

People were supported to make choices and asked for their consent whenever they were able. We saw staff asked for people's consent to care or support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the provider was working within the principles of the MCA. There was information in people's records regarding mental capacity assessments and whether decisions made were in the person's best interests. We saw specific decisions recorded, for example, in relation to people's finances. This indicated that consent to care and treatment was being sought consistently as outlined in the Mental Capacity Act 2005.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of the MCA and DoLS. They were able to describe what they would do if they felt someone's liberty was being restricted for their safety. They told us they had received training in this area and records we saw confirmed this.

The registered manager and senior staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved. We saw that they had done this appropriately and were in the process of assessing and referring a number of people for a DoLS assessment. At the time of the inspection the service was waiting the results of applications. This meant that people's rights were protected.

People were supported to eat healthily. One person said, "The food's good, plenty of variety, enough of it," and another person told us, "Quite good food. We've got a new chef, he comes and asks what we want. I've asked for more spicy food and we've had a curry."

We asked relatives about the food provided. One relative said, "[Family member] is eating well, put weight on. Get a pretty good choice," and another told us "The food is good."

Lunchtime was relaxed and we saw people enjoying their meals. People received a balanced diet that was well presented. Relatives told us drinks were readily available and they were served with their preferred beverages. Our observation confirmed that drinks were available at all times and we saw staff check whether people had sufficient to drink. The service had a system of showing people what meals looked like to enable them to make an informed choice of what to eat. However, we saw some people were receiving all their main meals in a short time frame. For example, one person who liked to get up late was having their breakfast at 11am, followed by lunch at 1pm and tea at 4pm. We brought this to the attention of the registered manager who said people could have snacks when they wished if they preferred this to a full meal.

Staff were able to describe people's individual diet and nutritional needs. The menus we saw showed there were healthy options available and staff confirmed they encouraged people to choose wisely, for example, to avoid unnecessary weight gain.

People who were at risk of choking had the right support. We saw food was softened or pureed according to individual need. An external health professional confirmed that staff followed their advice. People received the right support to maintain a healthy diet.

Good

Is the service caring?

Our findings

We found staff were caring and people were appreciative of staff and their helpfulness and friendly attitudes. All the people we spoke with were generally happy with staff and found them caring and sympathetic. They said they had a good relationship with them. One person said, "They're caring," and another told us, "I can't fault it here."

One relative told us she thought care staff treated their family member as if they were the most important person in the care home and another said, "They're all pleasant and helpful." Relatives also told us they were pleased with how staff showed care and support to them and their family. One told us, "They've been very good to [family member]."

External health and social care professionals praised the care provided and said staff were caring and compassionate. One told us "Staff are always helpful." Another described staff as approachable.

We saw staff and people had warm relationships with each other and staff took time to ensure people were comfortable. For example, we saw staff helping a newly arrived person settle in. They were taking time to make her feel comfortable and were chatting and looking at family photos. The provider was therefore ensuring the service and its staff were caring and compassionate.

People told us privacy and dignity was respected when receiving care and support. They told us they were treated with respect and approached in a kind and caring way.

Staff respected people's dignity, privacy and choice. Throughout the inspection, we observed that staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting decisions. People told us they could say if they wanted a male or female carer. One person said, "I don't mind if it's a male or female carer." All staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give many examples of how they did this – closing curtains, approaching people quietly, covering people when they received personal care and supporting people to spend their time as they choose. However, we saw one example of a person being exposed to public view whilst using the toilet. This was due to the toilet location and the use of equipment needing the door to be opened. We suggested a privacy curtain and brought this to the attention of the registered manager following the inspection who agreed to look into this.

The service had received a recognition award for their participation in the local authority's dignity campaign to promote people's dignity in care. The registered manager told us they intended to reapply for this award to ensure continued membership to the campaign. People's care was provided in a dignified manner.

People and their relatives told us people were able to make their own decisions, where this was possible. We saw people were offered choices in their daily routines and that staff encouraged independence. For example, deciding when to get up in the morning, what they were going to wear that day and what activities they took part in. One person told us, "You can do what you like and if I didn't like it, I'd tell them." Relatives

confirmed people were offered choices and said staff communication was good and enabled people to choose. One said, "[Family member] has been encouraged to do gardening and other social activities." Another told us, "They have taken
into account [family member's] history." Our observations during the inspection confirmed people were offered choices and their preferences respected.

We saw staff involved people in daily conversations about the support required. For example, we saw staff being patient and encouraging when a person with mobility difficulties wanted to try walking. Staff were able to describe how they offered choices to people, for example, regarding what to wear and how they would like to spend their day. When people refused options, such as joining in activities, their choice was respected.

External professionals confirmed people were treated respectfully. People therefore received care and support from staff who were kind and compassionate.

People and their relatives were involved in their care planning. One person told us they could not remember a review of their care plan but said, "I do remember having one [care plan]." Another person said, "I've seen a bit of paper with a care plan on it." Relatives we spoke with were aware of their family member's care plan. One relative told us, "We went through the care plan, it was reviewed in April." A staff member told us, "We involve people as much as possible." People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's care. Records we saw showed reviews of people's care involved family and people important to the person.

Good

Is the service responsive?

Our findings

People were supported to follow their interests and take part in social events. We saw people being encouraged to take part in conversations and join in a quiz. One person told us, "I do a range of social activities, I've been encouraged to do gardening, grown vegetables for the kitchen," and another said, "I've had a nice walk. You can do what you like."

Relatives we spoke with confirmed that people were involved in activities and one told us, "There's enough activity." Another said, "[Family member] has been encouraged to do gardening and other social activities." Another relative told us they were pleased that staff took account of their family member's abilities and were going to assist them with computer games. Staff knew people's likes and preferences and we saw these were recorded in people's care plans. This enabled staff to offer people activities and recreational opportunities that were more personal to them. The provider had dedicated staff to support people in both group and individual pursuits. For example, we saw people engaged reading newspapers and with a quiz. We saw there were specific events arranged for Halloween and a pet visit had occurred earlier in 2016. Relatives told us their family members enjoyed these events. Staff told us they tried to be responsive to people's needs and they were able to encourage people's independence and involvement. For example, we saw people were encouraged to continue to participate in a quiz. Staff also knew what people's individual care needs were and how they liked to be supported.

However, in one part of the service known as the Coach House, people felt there was not enough activity. One person said, "Not as good as it used to be with activities, rarely get them." Our observation in this part of the service confirmed that little activity took place during the inspection visit. The registered manager told us that three activities co-ordinators were employed by the service and that activities took place across the service.

We saw that people were encouraged to have their bedrooms decorated to their taste, and they had personalised their rooms. A health professional we spoke with confirmed that staff knew people well and were able to accommodate their preferences.

People and their relatives told us they felt involved in their care and that it was amended if needs changed, One told us their family member's care plan had been modified to accommodate a change in needs after an admission to hospital. Records contained information about people's health, personal and social care needs including a social and family background. Each person had a personalised daily care plan, which staff understood and followed. This showed people's known daily living routines and preferences for their care. People's care records also showed that social and familial histories, known lifestyle preferences and likes and dislikes were collated following their admission to the service. This provided a basis for engaging with people who were unable to give this information. The information we saw reflected how people would like to receive their care, treatment and support. Daily records were also maintained for each person for participation in events and interests. This helped staff to ensure that people received personalised care and ensured and they were supported to participate in daily life at the service in a way that was meaningful to them.

We found the registered manager had taken action to ensure people were not discriminated against in relation to their age or disability. We saw she had taken action to ensure people received an appropriate service from external health professionals.

People told us they knew how to make a complaint. One said, "If I needed to make a complaint I'd use a form." A relative told us, "Any complaint, I'd go straight to the manager." They confirmed they knew who to talk to and were confident any complaints would be dealt with in a courteous manner. One relative said they, "Complained about the laundry getting mixed up, it seems a bit better, now." We looked at the complaints records and saw the complaints received had been fully addressed and a written response provided. This meant that people had the confidence to ask for changes in the home and felt they were responded to.

Good

Is the service well-led?

Our findings

People and their relatives felt that staff and the manager were approachable and open to listening to their suggestions or concerns. One person said, "I can talk to the management, they treat people normally." Another told us, "I know the managers, it's well managed" and a third said," The manager doesn't interfere with the daily routine, but you can talk to her." One relative told us, "I'm always made welcome when I come." A relative told us, "I got lots of information when I was looking for somewhere. They were best at following it up with me. They were very pleasant and helpful."

We saw satisfaction surveys had been completed by relatives in September 2016 that showed good levels of overall satisfaction. For example, 98% of responses rated the way they were treated as a visitor as either good or excellent. Where suggestions had been made, the provider had developed an action plan to address the issues raised. For example, we saw a hand rail had been installed at the entrance to the building and an accessible garden area was being developed in response to suggestions. Feedback received demonstrated the provider was providing a good quality service and was taking people's needs and wishes into account to develop the service.

There was a registered manager at the service. The manager understood their managerial and legal responsibilities, for example, when and why they had to make statutory notifications to us. We had received notifications for people who were being deprived of their liberty under the DoLS, as legally required. People's personal care records were stored securely. The provider was therefore ensuring that the service operated efficiently.

The service had a clear set of values which were central to any developments and improvements. These values included respecting people's human rights, privacy, dignity, independence and choice. Relatives praised the service highly for employing carers who demonstrated these qualities on a daily basis. One person told us, "Staff I regard as being friends, they help you really well, it's impressive." An external professional told us, "Everyone is always professional."

All staff we spoke with were positive about working at the service and praised management and leadership at the home. One told us, "I am supported by the managers and I can discuss anything with them," and another said, "Everyone is very helpful." They confirmed they felt valued and told us they were encouraged to improve their skills and knowledge, for example, in dementia and by undertaking qualifications.

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, they knew how to report accidents, incidents and safeguarding concerns. They told us they were provided with relevant policy and procedural guidance to support their role and responsibilities. Staff said they were regularly asked for their views about people's care in staff group meetings and one to one meetings. Staff also felt able to raise concerns or make suggestions about improving the service. One staff member told us, "Meetings are held every three or four months. They ask us for our opinions about things." The provider was therefore proactive in obtaining staff views and opinions to improve the service.

The registered manager told us they had established links with the community, such as local faith groups and schools, and people were supported to use local facilities such as pubs and shops, where possible. People and their relatives confirmed this. The registered manager also maintained professional contacts with relevant agencies such as local medical centres, hospitals and social services. They also told us teamwork within the staff group was important and that they valued the staff working at the service, for example, by sharing compliments received with them. They had also completed additional training as a facilitator on a dementia course with an external academic organisation.

The registered manager told us they had included people using the service in staff recruitment processes and this had worked well. Two people told us, "I've been on an interview panel," and they said they were appreciative of the opportunity to select staff they would enjoy working with in the future. this meant the provider took people's opinions into account and included them in the running of the service.

The provider had an online compliance system of quality management in place which was designed to identify areas for improvement in the service. We saw regular audits of different aspects of the service, such as health and safety and people's records, had taken place in the last twelve months. This included unannounced systems checks by the management team. However, not all were up to date. For example, some care records were not dated so it was unclear if they were up to date. On one person's records we saw incidents of behaviour that challenges had not been collated to monitor trends or triggers. Medication audits were undertaken but the system showed that actions were not addressed until the monthly medication change over occurred. We brought this to the attention of the registered manager who said they checked the actions to ensure they had been completed.